

SEATTLE CITY ATTORNEY'S OFFICE APPLICATION FOR EMPLOYMENT

This application must be completely filled out. Areas that are not applicable, indicate "N/A". Incomplete applications may exclude you from consideration for employment. A resume will not be used in lieu of an application, but you may attach a resume if you would like.

The Seattle City Attorney's Office is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, gender preference, veteran status, disability status or any other basis prohibited by Federal, State or Local law.

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact the City Attorney's Office Human Resources Representative at (206) 684-8237.

Last Name	First Name	Middle Initial
Mailing Address	City	State
Zip Code		
Home Phone	Day and/or Message Phone if unavailable at Home Phone during the day.	
E-Mail Address		
Position or type of employment desired _____		
Available for:	Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Temporary <input type="checkbox"/>		
Date Available: _____	Day/Hours Available: _____	Available for evenings and weekends? _____
How did you hear about this job opportunity (which newspaper, which website, word of mouth, etc.)? _____		

SEATTLE CITY ATTORNEY'S OFFICE INFORMATION

Are you now or have you ever been employed by the City of Seattle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES to the above question, in what department? _____		
When did you leave? _____	Why did you leave? _____	
Do you have any relatives employed in the Seattle City Attorney's Office? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, name of the relative(s) (not a disqualification for employment): _____		

EDUCATION

List all educational institutions attended,, years completed, GPA/class rank and major or area of study.

Name and Location of College. Law School, or Vocational Institute Attended	Years Completed	GPA/Class Rank	Major or Area of Study	Type of Degree or Certificate Obtained

CONVICTION INFORMATION

Have you been convicted of a misdemeanor or a felony in the last ten years ☐ Yes ☐ No

(Such conviction(s) may be relevant if job related, but is not an automatic bar from employment)

If YES to the above question, please list nature of offense, date, the court and disposition on each conviction below:

WORK EXPERIENCE

Identify every job you have held in the past seven years. Start with the most current or last employer. If additional space is needed, attach extra sheets.

Employer	Position Title		
Employer Address	City	State	Zip Code
Supervisor's Name	Supervisor's Phone		

Specific Duties: _____

Number of Employees You Supervised: _____ Total Time Employed from: _____ (Mo) _____ (Yr) to _____ (Mo) _____ (Yr)

Total Hours Worked Per Week: _____ Starting Salary: _____ Ending Salary: _____

Reason for Leaving or Considering Change: _____

Employer	Position Title		
Employer Address	City	State	Zip Code
Supervisor's Name	Supervisor's Phone		

Specific Duties: _____

Number of Employees You Supervised: _____ Total Time Employed from: _____ (Mo) _____ (Yr) to _____ (Mo) _____ (Yr)

Total Hours Worked Per Week: _____ Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

_____ Employer	_____ Position Title		
_____ Employer Address	_____ City	_____ State	_____ Zip Code
_____ Supervisor's Name	_____ Supervisor's Phone		

Specific Duties: _____

Number of Employees You Supervised: _____ Total Time Employed from: _____ (Mo) _____ (Yr) to _____ (Mo) _____ (Yr)

Total Hours Worked Per Week: _____ Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

_____ Employer	_____ Position Title		
_____ Employer Address	_____ City	_____ State	_____ Zip Code
_____ Supervisor's Name	_____ Supervisor's Phone		

Specific Duties: _____

Number of Employees You Supervised: _____ Total Time Employed from: _____ (Mo) _____ (Yr) to _____ (Mo) _____ (Yr)

Total Hours Worked Per Week: _____ Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

PLEASE READ BEFORE SIGNING: DECLARATION OF APPLICANT

I understand with the exception of certain bargaining unit positions and positions covered by the civil service, all other positions in the Seattle City Attorney's Office are "at-will", which means that, just as an employee would be free to resign at any time for any reason, the employer would have the right to terminate employment at any time, with or without cause, and without prior notice.

I hereby certify that the information supplied by me in this application is true and correct. I understand that if I falsify or omit any information on this application I will be excluded from consideration for employment or terminated, if I have been employed.

I authorize the Seattle City Attorney's Office to investigate all statements on this application and to secure job-related information about me from the employers, educational institutions, references and other sources of information identified herein. I hereby release from any and all liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Some positions require a criminal background check.

I hereby acknowledge that I have read and understand the preceding statements.

_____ Signature of Applicant	_____ Date
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PLEASE SUBMIT THE APPLICATION FORM WITH ANY COVER LETTER AND RESUME.